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| TRANSMITT FORM | ↑ Filing Date | <u>, </u> | | | | | | |
| | First Named Inventor | 08/22/2003 | | | | | | |
| N' FORIVI | Art Unit | Emrah Acar | | | | | | |
| and the second | Examiner Name | 2825 | | | | | | |
| The used for all correspondence a | fter initial filing) | Yelena Rossoshek | | | | | | |
| Total Number of Pages in This Subm | ssion 18 Attorney Docket Number | AUS920030496US1 | | | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | | |
| Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration Extension of Time Request Express Abandonment Req Information Disclosure State Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts/ under 37 CFR 1.52 | Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C Remarks | Address Other Enclosure(s) (please Identify below): Return Postcard | | | | | | |
| | SIGNATURE OF APPLICANT, ATTO | DRNEY, OR AGENT | | | | | | |
| Firm Name Winstead Sechre | st & Minick P.C. | | | | | | | |
| Signature Xuhan | J. Frankener | | | | | | | |
| Printed name Richard F. Frank | eny | | | | | | | |
| Date January | 9,2004 | Reg. No. 47,573 | | | | | | |
| sufficient postage as first class mail | in an envelope addressed to: Mail Stop Amen | SION/MAILING TO or deposited with the United States Postal Service with Idment, Commissioner for Patents, P.O. Box 1450, Alexandr | | | | | | |
| VA 22313-1450 on the date shown Signature | nelow: | | | | | | | |
| | w men | | | | | | | |

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| Effective on 10/01/2004. Patent fees are subject to annual revision. | | | Complete if Known | | | | | |
| | | | Application Number | 10/646,425 | | | | |
| FEE TRANSMITTAL For FY 2005 | | Filing Date | 08/22/2003 | | | | | |
| | | First Named Inventor | Emrah Acar | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Examiner Name | Yelena Rossoshek | | | | |
| | T | | Art Unit | 2825 | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 120.00 | | Attorney Docket No. AUS920030496US1 | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | FEE CALCULATION (continued) | | | | | |
| ✓ Check Credit Card Money Order | | 2. EXTRA CLAIM I | FEES | | Small Entity | | | |
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| Name - | | | more than in the or | | 200 | 100 | | |
| The Director is hereby authori | zed to: (check all | that apply) | Total Claims | Extra Claims | | e Paid (\$) | | |
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| under 37 CFR 1.16 and 1.17 | | | HP = highest number of independent claims paid for, if greater than 3 Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | | | |
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| 1. BASIC FILING FEE | | | 4-month extension of ti | • | | | | |
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| | | | Information disclosure | | 180 | · | | |
| Utility Filing Fee 790 | 395 | | | | • | | | |
| Design Filing Fee 350 | 175 | | 37 CFR 1.17(q) process | ·- | 50 | | | |
| | | | Non-English specificati | | 130 | | | |
| Plant Filing Fee 550 | 275 | | Notice of Appeal | 500 | 250 | | | |
| Reissue Filing Fee 790 | 395 | | Filing a brief in suppor | | | | | |
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| Provisional Filing Fee 160 | 80 | | Other: | | | | | |
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| SUBMITTED BY // / A A A A | | | | | | | | |
| Signature Xuhan | J. J. | | Registration No. (Attorney/Agent) 47.57 | '3 Tele | phone 512.370 |).2872 | | |
| Name (Print/Type) Richard F. Frankeny Date January 9, 2006 | | | | | | | | |
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